

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer:

FRANKLIN LAKES B.O.E. County: BERGEN

Employee Organization

F.R. LKS. ADMINISTRATORS ASSOC.

Employees in Unit: 7

Base Year Contract Term:

ENDING 6-30-13

New Contract Term

7-1-2013 THRU 6-30-2016

Type of Settlement

 Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Item 1	Salary	<u>856,246</u>	<u>871,230</u>
Item 2	Increment	—	—
Item 3	Longevity	—	—
Item 4		—	—
Item 5		—	—
Item 6		—	—
Item 7		—	—
Item 8		—	—
Item 9		—	—
Item 10		—	—
Item 11		—	—
Item 12		—	—
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column		<u>856,246</u>	<u>871,230</u>
		(Total)	(Total)

NEW AGREEMENT ANALYSIS			
Total Base Year(previous agreement)	<u>856,246</u>		
Effective Date (m/d/yyyy)	<u>7-1-13</u>	<u>7-1-14</u>	<u>7-1-15</u>
Percent Increase	<u>1.75</u>	<u>1.75</u>	<u>1.75</u>
Total cost of increase ..	<u>14,984</u>	<u>15,247</u>	<u>15,513</u>
Total base salary (successor agreement)	<u>871,230</u>	<u>886,477</u>	<u>901,998</u>

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)

1.75

Dollar Impact (average per year over term of agreement)

15,348**Section VI**YEAR 1 OF STATE LAW

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan		
Employee Contributions		
Prescription		
Dental		
Vision		

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**Section VII**

Prepared by:

MICHAEL SOLAKASTitle: BUSINESS ADMIN.Michael J. Solakas

Print Name

Signature

Date: 7-26-13